IREDELL COUNTY HEALTH DEPARTMENT

134256 (CI)

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 134256 PIN# 4741306796 DATE 3-2-06

OWNER OR APPLICANT DODGE JOHNSON PHONE: Business 704-400-5066 Home

ADDRESS P.O. Box 1065, Huntersville, NC 28070

LOCATION 21 SOUTH @ BYERS LOT #35 ON RT

SUBDIVISION JACOBS LODGE BLOCK / SECTION II LOT 35 LOT AREA 1.79 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 9-5-05
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields 1 Square Feet EQ-1200 Linear Feet 3001
No Lines 4x75' Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: GRAVITY 25% REDUCT
Repair System Description: LPP 50% REDUCTION
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons 6
☐ Business No. Employees ____
☐ Other ____

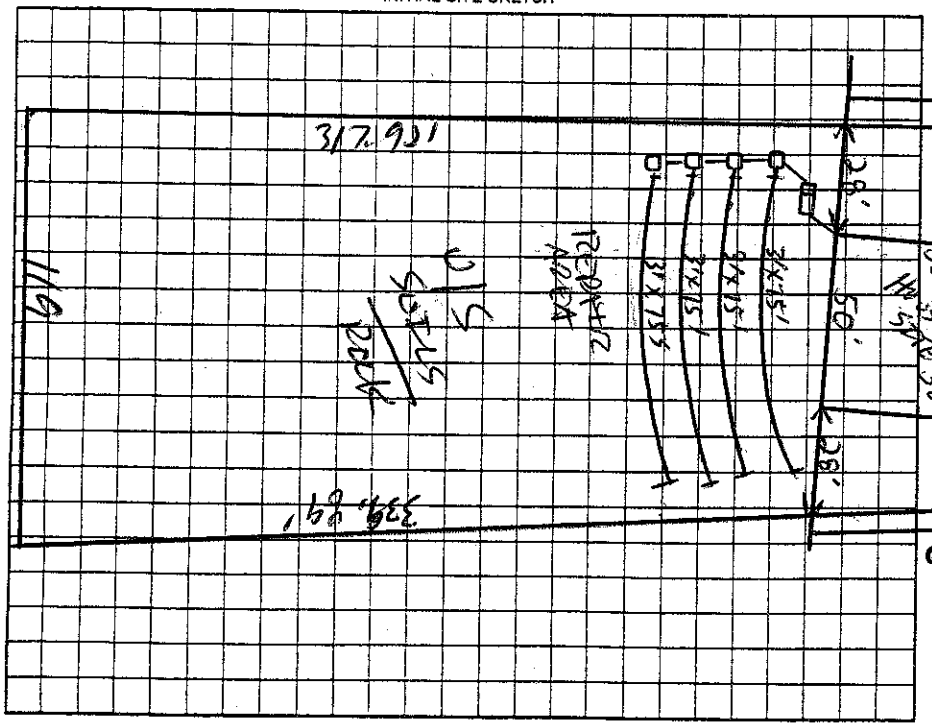
Water Supply: ☒ Individual ☐ Public ☐ Community

Gravel Depth N/A ☒ Gravity ☐ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

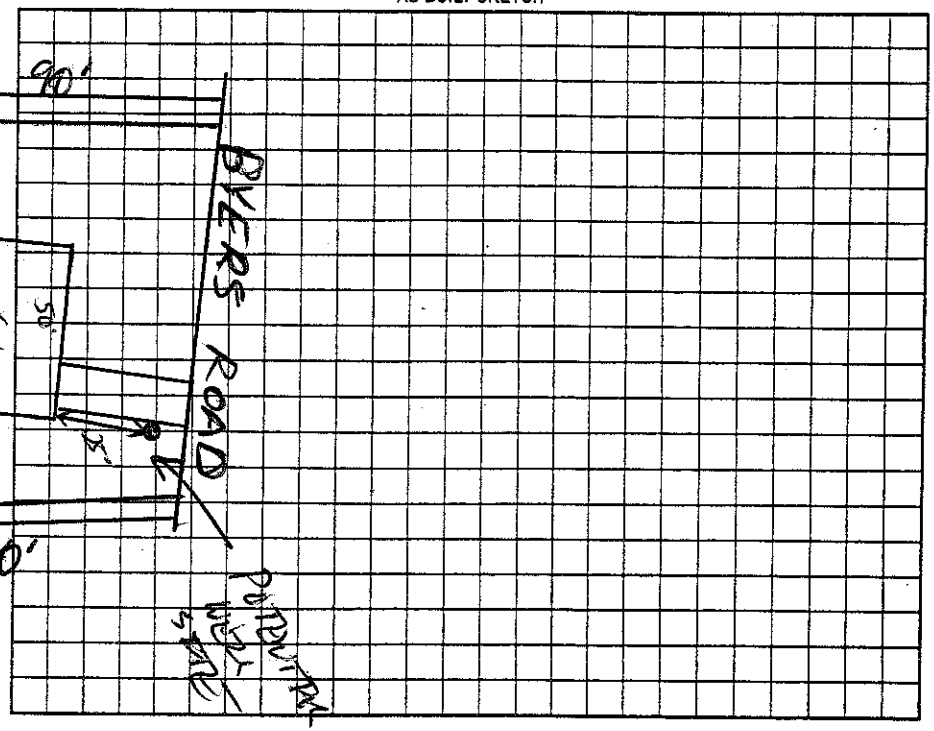
Comments:/Conditions:
① MAINTAIN SETBACKS
② SYSTEM & HOUSE BACKLINE IS COMPLETELY FLAGGED OUT

Comments:/Conditions:
Yellow filter
no risers
ST marked

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: ____ date ____

Improvement Permit by: ____ date 3-2-06

Authorization to Construct by: ____ date 3-2-06

Installed by: A-1 Backhoe

Operation Permit by: ____ date 5-4-06

Existing System Inspection by: ____ date ____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK